

**Arizona Department of Agriculture (ADA)**

Central Licensing Section

1688 W. Adams

Phoenix, AZ 85007

Phone: (602) 542-4499

Fax: (602) 542-0466

For ADA/ASD Use Only

Date _____

(Cash) or Check # _____

Amount _____

Arizona Egg License Application**Pursuant to (ARS 3-714) Fee: \$25.00**

Each applicant for a license shall state the name and address of the applicant, the location where the business of the applicant is being or intended to be conducted and that the applicant will, in the conduct of the business, comply with A.R.S. Article 1, Chapter 5, and the rules and regulations promulgated under authority of Arizona Revised Statutes.

(Please select one.)

License Type Information**EGG DEALER:**☐

(Resells eggs purchased from another entity)

PRODUCER-DEALER:☐

(Produces and sells eggs and/or resells eggs purchased from another entity)

Applicant Information

Application Date: _____

Name of Applicant: _____

Applicant's Title: _____

Street Address: _____

City: _____ State _____ Zip _____

Applicant's Phone No: () _____

Business Information**Mailing Address****Physical Plant Address**

Name of Company: _____

Street Address: _____

City: _____ State _____ Zip _____

Company Contact: _____

Phone No: () _____ Fax: () _____

Tax ID No: _____

Address: _____

City: _____ State _____ Zip _____

Signature

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

(Please Print Name) _____

Signature _____

Date _____